



Secretary of State
Statement of Information
(California Nonprofit, Credit Union and
General Cooperative Corporations)

SI-100

24

19-048657

FILED
Secretary of State
State of California

JUL 05 2019

IMPORTANT — Read instructions before completing this form.

Filing Fee — \$20.00;

Copy Fees — First page \$1.00; each attachment page \$0.50;
Certification Fee — \$5.00 plus copy fees

1. Corporation Name (Enter the exact name of the corporation as it is recorded with the California Secretary of State)

NEW ALMADEN QUICKSILVER
COUNTY PARK ASSN

See Secretary of State's
records for exact entity name
NF

This Space For Office Use Only

2. 7-Digit Secretary of State File Number

1181187

3. Business Addresses

a. Street Address of California Principal Office, if any - Do not enter a P.O. Box

21311 ALMADEN RD

City (no abbreviations)

SAN JOSE

State

CA

Zip Code

95120-4307

b. Mailing Address of Corporation, if different than item 3a

P.O. BOX 124

City (no abbreviations)

NEW ALMADEN

State

CA

Zip Code

95042-0124

4. Officers

The Corporation is required to enter the names and addresses of all three of the officers set forth below. An additional title for Chief Executive Officer or Chief Financial Officer may be added; however, the preprinted titles on this form must not be altered.

a. Chief Executive Officer	First Name	Middle Name	Last Name	Suffix
	KITTY	LOUISE	MONAHAN	
Address		City (no abbreviations)	State	Zip Code
21311 ALMADEN RD		SAN JOSE	CA	95120-7307
b. Secretary	First Name	Middle Name	Last Name	Suffix
	SHARON	ANN	SULLIVAN	
Address		City (no abbreviations)	State	Zip Code
1612 BRANTHAM LANE		SAN JOSE	CA	95118-2215
c. Chief Financial Officer	First Name	Middle Name	Last Name	Suffix
	MARVIN	EVERETT	TANNER	
Address		City (no abbreviations)	State	Zip Code
823 PORTSWOOD CIRCLE		SAN JOSE	CA	95120-3329

5. Service of Process (Must provide either Individual OR Corporation.)

INDIVIDUAL — Complete Items 5a and 5b only. Must include agent's full name and California street address.

a. California Agent's First Name (if agent is not a corporation)	Middle Name	Last Name	Suffix	
ROBERTA	CAROL	LAMONS		
b. Street Address (if agent is not a corporation) - Do not enter a P.O. Box		City (no abbreviations)	State	Zip Code
125 FOX CROSSING COURT		EMERALD HILLS	CA	940623541

CORPORATION — Complete Item 5c only. Only include the name of the registered agent Corporation.

c. California Registered Corporate Agent's Name (if agent is a corporation) — Do not complete Item 5a or 5b
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6. Common Interest Developments

☐ Check here if the corporation is an association formed to manage a common interest development under the Davis-Stirling Common Interest Development Act (California Civil Code section 4000, et seq.) or under the Commercial and Industrial Common Interest Development Act (California Civil Code section 6500, et seq.). The corporation must file a Statement by Common Interest Development Association (Form SI-CID) as required by California Civil Code sections 5405(a) and 6760(a). See Instructions.

7. The Information contained herein, including in any attachments, is true and correct.

7/2/19

Date

MARVIN E. TANNER

Type or Print Name of Person Completing the Form

TREASURER

Title

Signature